

City of Frankfort

Capital of Kentucky

815 West Second Street, P.O. Box 697
Frankfort, Kentucky 40602
(502) 875-8500

Where History Is Made Every Day!

Mayor
H. Gippy Graham

Commissioners
Kathy Carter
William I. May, Jr
Sellus Wilder
Rodney S. Williams

FRANKFORT POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION (Please print or type information)

FULL LEGAL NAME _____
Last Name First Middle

Date of Birth: _____ Sex: _____ Race: _____ Social Security # _____ - _____ - _____

Current Address: _____

(City) (State) (Zip Code)

Home Telephone: _____

Employer: _____ Occupation: _____

Work Address: _____
(Street Address)

Work Phone: _____

List any organizations that you are affiliated with: _____

Briefly state why you would like to be in the CITIZENS POLICE ACADEMY:

READ

Your signature on this form indicates you are granting permission for the Frankfort Police Department to conduct a Criminal History check on you, prior to your participation in the Citizens Police Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature or high traffic offenses, the Frankfort Police Department may, at their discretion disallow your participation in this program.

Signature: _____ Date: _____

Please return to:
Frankfort Police Department
300 W. Second Street
P. O. Box 697
Frankfort, KY 40602
Phone: (502) 875-8523 Fax (502)-352-2069



Equal Opportunity Employer M/F/H
Equal Housing Opportunity 

Frankfort Citizens Academy

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Frankfort Police Department Citizens Academy. I also grant permission for the Frankfort Police Department to verify the information contained in this application.

Signature of applicant

Date

Return completed application to:

Frankfort Police Department
Attn: Chief Walter M. Wilhoite
P. O. Box 697
Frankfort, KY 40602
Phone: (502) 875-8523
Fax: (502) 352-2069

Frankfort Police Department
Citizens Police Academy

Photo Release

I, the undersigned _____, a person who is 18 years of age or older, understands that the Frankfort Police Department Citizens Police Academy, its staff, agents, and assignees will be taking photographs periodically throughout the class and activities. This releases the undersigned from any claim to the photographs. The photos will be used for display for future classes or advertising.

I understand that by my signature below, I am waiving and abandoning any legal rights I may have to these photographs.

Signature of Student

Date

Printed Name

Academy Coordinator

Date